

Application for Professional Assistance Grant

1. Name of Tribe or Alaska Village/Corporation

2. Applicant's Mailing Address

3. City

4. State

5. ZIP Code

6. Name of Tribe's Chief Executive

7. Business Phone of Chief Executive

8. Name of Project Contact ☐ Mr. ☐ Ms. ☐ Dr.

9. Business Phone of Project Contact

10. Affiliation of Contact (name of library, school, etc.)

11. Project Contact's Mailing Address

12. City

13. State

14. ZIP Code

15. FAX Number of Contact (if available)

16. E-mail Address of Project Contact (if available)

17. Institutional Profile

Schedule of open hours per week

Number of library staff

Number of circulation transactions per year

Number of holdings (books, subscriptions, media)

Does the library have access to the Internet?

Does the library provide public access to the Internet?

Amount of operating budget for library services in most recently completed fiscal year

Part-time _____ Full-time _____

PLEASE TURN PAGE FOR NARRATIVE QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED OR ON A SEPARATE SHEET OF PAPER (ONE SHEET OR LESS):

18. Will the assessment be an overall assessment of library operations or an assessment of a specific activity/service? Describe the type of assessment you are requesting. How is the assessment appropriate to the library's needs?

19. Please submit the name and attach a copy of the resume of a consultant, or indicate if you would like information on identifying a consultant.